

Case Number:	CM14-0161589		
Date Assigned:	10/07/2014	Date of Injury:	04/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old male with a reported date of injury on 4/4/13 who requested home health care 5 hours per day 7/365 after revision amputation of the right index and long finger. Progress report dated 9/12/14 notes that the patient has increased anxiety, status post neuroma revision on 8/14/14 which helped post-op pain, decreased pain and tenderness of the right long finger PIP (Proximal Interphalangeal) joint and right index finger DIP (Distal Interphalangeal) joint. There is positive Tinel's of the right index finger PIP joint and right hand weakness with numbness. The patient cannot drive due to panic disorder. Examination notes tenderness of the right index and long fingers with positive Tinel's and allodynia. EDX (electrodiagnosis) on 4/7/14 found moderate to severe carpal tunnel syndrome. Diagnoses include traumatic amputation to the right long and index finger, status post neuroma resection, depression, severe OSA (obstructive sleep apnea) and right severe carpal tunnel syndrome. Recommendation is for home health care 5 hours a day 7/365 days to be performed by wife and has been performed by wife since injury, Gabapentin, Zolpidem for insomnia, Wellbutrin, Psyche for depression, Lorazepam, repeat polysomnogram with CPAP titration, follow up with hand surgeon and transportation to and from all medical appointments. Operative report dated 7/28/14 notes that the patient underwent revision amputation of the right index and long fingers with neuroma excisions. Preoperative history and physical dated 7/21/14, notes that the examinee is clinically stable to undergo the planned procedure. Progress report dated 7/21/14 notes that the patient remains symptomatic with right middle, index and hand/wrist pain, along with sensitivity, numbness and tingling. This is unchanged from his last visit on 1/22/14. Examination notes Jamar findings of asymmetric strength with the right side less than the left side. The patient is scheduled for revision amputation on 7/28/14 and request for right carpal tunnel release is denied. Pain prescription was given. Progress report dated 7/18/14 notes that the patient has not

been attending treatment because of transportation problems. He is still in pain and not able to work. The rest of the subjective complaints are poorly legible. Diagnoses include depressive disorder, posttraumatic stress disorder and pain with psych factors. Recommendation is for continued treatment and to provide transportation. Recommendation is for follow-up with hand surgeon and to provide transportation to and from all medical appointments among other recommendations. Orthopedic re-evaluation dated 6/2/14 notes recommendation for right carpal tunnel release and revision amputation of the right index and middle fingers. Progress report dated 6/2/14 notes that the patient remains symptomatic with pain of the right index finger and hand/wrist. This is unchanged from his initial visit. Examination notes Jamar findings of asymmetric strength with the right side less than the left side. Diagnoses include s/p right index and middle finger amputations with neuromas and rule out concomitant carpal tunnel syndrome. Progress report dated 5/28/14 notes pain and tenderness of the right index finger with positive Tinel's. He has right hand weakness with numbness. Examination notes tenderness of the right index and long fingers with positive Tinel's and allodynia. Progress report dated 4/23/14 notes pain and tenderness of the right index finger with positive Tinel's. He has right hand weakness with numbness. He has increased hand pain. Diagnoses include traumatic amputation to the right long and index finger, and post traumatic neuroma of right index finger. Recommendation is for hand surgeon for right PIP neuroma revision. Utilization review dated 9/22/14 did not certify the decision for home health care 5 hours per day after revision amputation of the right index finger. Reasoning given was that the documentation provided does not state the claimant is homebound.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home health care 5 hours day 7/365 (status post Revision amputation, right index finger):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The patient is a 55 year old male with a history of traumatic amputation of the right index and long fingers who underwent revision amputation with neuroma resection on 7/28/14. He has continued pain and tenderness of the right index finger and long finger. He cannot drive due to anxiety. A request was made for home health services 5 hours per day for 7/365. From Chronic Pain Medical Treatment Guidelines, page 51, Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Detailed medical need for these services has not been clearly defined and the patient is not noted to be homebound. Based on these guidelines, home health services should not be considered medically necessary.